## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF TRADE NAME

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, a Statement of Trade Name for:

ANDREW WILLIAM MACDONALD

(Entity ID # 20161003683)

was filed in this office on 01/03/2016 with an effective date of 01/03/2016

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/30/2015 that have been posted, and by documents delivered to this office electronically through 01/04/2016 @ 09:15:08.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/04/2016 @ 09:15:08 in accordance with applicable law. This certificate is assigned Confirmation Number 9436772



Mayne Williams

Secretary of State of the State of Colorado



Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies

of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State Date and Time: 01/03/2016 03:13 PM

ID Number: 20161003683

Document number: 20161003683 Amount Paid: \$20.00

ABOVE SPACE FOR OFFICE USE ONLY

#### Statement of Trade Name of an Estate, a Trust, a State or an Other Jurisdiction filed pursuant to §7-71-103 and §7-71-107 and of the Colorado Revised Statutes (C.R.S)

<ol> <li>(Complete the following statement by marking the applicable box. Caution: Mark only one box.)</li> <li>The person delivering this statement is</li> </ol>					
an estate. a trust. a state.  ✓ a jurisdiction other than	a state.				
2. The true name of such person is	:Macdonald, andrew wil	liam.			
3. The principal address of such person is					
Street address	State of New York CEO				
	(Street number and name) NY State Capital Building				
	Albany	NY	12224		
	(City)	(State) United S	(Postal/Zip Code)		
	(Province – if applicable)	(Country - i	f not US)		
Mailing address	Main Street-306				
(leave blank if same as street address)	#446	ne or Post Office	Box information)		
	Canon City	co	XEMPT		
	see attachment	(State)	(Postal/Zip Code)		
	(Province – if applicable)	(Country - if	not US)		
The trade name under which such person transacting business or conducting activations.	on transacts business or condu vities in this state is	ects activities	s or contemplates		
ANDREW WILLIAM MACDONAL	.D	2			
A brief description of the kind of busine transacted or conducted in this state und	ess transacted or activities con der such trade name is	nducted or co	ontemplated to be		
Non-Statutory Private Business 1	rustsee attachment for	further ess	sential information		
6. (If the following statement applies, adopt the statem  This document contains additional is	ent by marking the box and include an	attachment.)			

•	significant legal consequences. Read instructions before entering a date.)	
	(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)  The delayed effective date and if applicable time of this document are	

(mm/dd/yyyy hour:minute am/pm)

#### Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Without Recourse	:andrew.	agent	
In Care Of:	(First)	(Middle) (Suffi	
(Street number Main Street-306 #44	and name or Post Off  6	fice Box information)	
Canon City	co	XEMPT	
see attachment	(State) United S	(Postal/Zip Code)	
(Province – if applicable)	(Country - if	(Country - if not US)	

(If the following statement applies, adopt the statement by marking the box and include an attachment.) This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

#### Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

#### ANNEX THREE (2 pages)

# Notice of Equitable Interest Private Special Arrangement of a Purely Equitable Nature ab initio

BE IT KNOWN that State of New York issued Registered Organizations "ANDREW WILLIAM MACDONALD" is assigned "Special Deposit" title "RR894051456US-03"

#### **Notice of Certification of Trust**

#### PROPERTY (res)

NAME: State of New York issued Registered Organizations "<u>Andrew William Macdonald</u>" and "<u>ANDREW WILLIAM MACDONALD"</u> filed under Registrar Seal with the custodian of records New York Department of Health.

Trustee's "Special Deposit" title No. RR894051456US-03 and successors numbers without notice.

TYPE OF ORGANIZATION: Special Private Estate Trust per "Full Faith and Credit"

DATE OF ORIGINAL CREATION: 10 April 1963.

JURSIDICTION OF ORGANIZATION: Exclusive Equity, The United States of America.

COUNTRY OF ORIGIN: The United States of America, de jure, as Amended A.D. 1791.

Trust res is an unregistered special private estate trust entity's assets operating under private charter/indenture/deed poll.

GRANTOR/SETTLOR: :SEALED:, private American Citizen national of The United States of America. Powers of the Trust: [special, private, restricted, proprietary, confidential]. Said trust arrangement strictly governed under the Maxims of Equity in Annex 5 attached herewith.

#### Occupants of Office of Trustee, successors and assigns:

- a) The Occupant of the Office of Chief Executive Officer of the State of New York, executive trustee.
- b) The Occupant of the Office of the President of the United States, trustee.
- c) The Occupant of the Office of the Secretary of Treasury, trustee.
- d) The Occupant of the Office of the Treasurer of the United States, trustee.
- e) Successors and Assigns and their agents with or without notice, quasi-trustee.

#### **BENEFICIARY**

Beneficiary's Name: [SEALED].

Social Security Number: [SEALED]

Country of Origin: **The United States of America**, located within a non-military occupied private estate outside a "Federal District" not subject to the jurisdiction of the "United States."

Trust Established April 10, 1963 A.D. "RR894051456US-03 Trust" the rights of which are created from the formation of the arrangement by including but not limited to delivery of legal title, transfer, acceptance, endorsement, assignment, appointment, delivery of executed original unregistered Deed.

#### **ANNEX FOUR (Pending)**

## Notice of Acknowledment and Acceptance Without Consideration ab initio

RE: Secretary of State John F. Kerry signed Deed P State of New York issued registered organizat OF NEW YORK CERTIFICATION OF BIRTH", STA Macdonald" NEW YORK CERTIFICATE OF LIVE hereinafter "Deed Poll" attached herewith an Grantors: John F Kerry, United States of America SUFFOLK COUNTY & its Registrar	ions "ANDREW WILLIAM MACDONALD, STATE ATE FILE NUMBER 058508 " Andrew William BIRTH NO. 763, 10 April 1963, respectively, d made part hereto;
STATE OF NEW YORK & its Registrar	) Implied grantors,
Occupant of the Office of CEO of Government of the Office of CEO	,
· ·	American Citizen national occupying the
BE IT KNOWN to all persons, "United States", and m	
Grantors: i, the scriber below, :Macdonald, andrew willie	
of a protected class, with intent and purpose, freewill ac	ct, volition and deed execute this notice of my
acknowledgement and acceptance ab initio without consi	
which law "shall be treated equal the original" attached	
Four-A" under the terms of said deeds. Grantee order	
updated to show said acknowledgement and acceptan record replaces any previously filed said acknowledged	
Grantee's acceptance is governed by the Maxims of Equi	
not complete an imperfect gift; in a conflict of equities the	
equal equities the first in order of time shall prevail; v	
prevail." Note: grantee now assigns his proprietary "Spec	
said joint subject matter now held in equitable fee simple	absolute. Done under my hand and seal with
intent, special purpose, freewill, volition, and Deed:	
	Date
Private Witness	:Macdonald, andrew william:, Grantee
	Private American Citizen national
	of the United States of America.
The Declaration of Independence at Large, 4 July A.D. 1776 The Declaration of Independence at Large, 4 July A.D. 1776 Herein the state of Colorado at Large, 1 August 1876 Herein the Fremont county at Large, 1 November 1861	s.a. Acknowledgement
	•
BE IT KNOWN, that on this day before me, a Notary Public by sa	id State, duly authorized, empowered and
admitted to take acknowledgements, come by special limited re	
the within named Citizen of a protected class satisfactorily prov	
"Notice of Acknowledgement and Acceptance Without Consider	
the uses and purposes therein expressed. IN TESTIMONY where He scribes and vows before me on this day of	_ 2015.          [seal
121.1323 did votto scrote the off did day of	
Notary Public – signature	
My commission expires:	



# United States of America



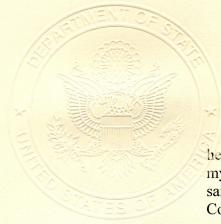
## DEPARTMENT OF STATE

## To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the Department of State of the State(s) of New York, and that such Seal(s) is/are entitled to full faith and credit.\*

\*For the contents of the annexed document,the Department assumes no responsibility This certificate is not valid if it is removed or altered in any way whatsoever

By



In testimony whereof, I, John F. Kerry, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this third day of December, 2015.

Issued pursuant to CHXIV, State of Sept. 15, 1789, 1 Stat. 68-69; 22 USC 2657; 22USC 2651a; 5 USC 301; 28 USC 1733 et. seq.; 8 USC 1443(f); RULE 44 Federal Rules of Civil Procedure.

Secretary of State

Assistant Authentication Officer,

Department of State

United States of America

# State of New York Department of State

It is hereby certified, that Judith A. Pascale was Clerk of County of Suffolk in the State of New York, and Clerk of the Supreme Court therein, being a Court of Record, on the day of the date of the annexed certificate and duly authorized to grant same; that the seal affixed to said certificate is the seal of said County and County that the attestation thereof of said Clerk is in due form and executed by the proper officer; and that full far and credit may and ought to be given to said Clerk's official acts.

In Testimony Whereof, the Department of State Seal is hereunto affixed.

Witness my hand at the city of Albany
this 3rd day of November Two Thousand and Fifteen



Whitney A. Clark Special Deputy Secretary of State

Whitney a Clark

483394 210CC(REV: 09/25/12)\*

New York County Suffolk Town Huntington City or breinlaum
ADDRESS 265 Broadway
So. THIS BIRTH   5b. IF TWIN OR TRIPLET (Was child born) 6. DATE (Month) (Day) (Year)   5 c. THIS BIRTH   5b. IF TWIN OR TRIPLET (Was child born) 6. DATE (Month) (Day) (Year)   5 c. THIS BIRTH   5 c. THIS BIRTH
9. BIRTHPLACE (State or foreign country)  100. USUAL 9CCUPATION  10b. KIND OF BUSINESS OR INDUSTRY
Thew york salaman I decream
11. FULL MAIDEN NAME  Mary Jane Zwareck  13. BIRTHPLACE (State or foreign country)  14. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  15. LENGTH OF PREGNANCY  16. WEIGHT OF CHILD AT BIRTH  17. AGE (At time of this birth)  18. YEARS  19. G. How many OTHER children (Do NOT include this child)  19. G. How many OTHER children (C. How many children were still-dren are now living?  10. WEIGHT OF CHILD AT BIRTH
40 WEEKS GMS. OB 7 LBS. /2 OZS. O O Pregnancy)  17. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: (Include Post Office Zone Number)  18. (1.5)
I hereby certify that I 18a. SIGNATURE OF ATTENDAND attended the birth of this child who was born alive Command We Weight M.D. MIDWIFE (Specify)
at 8.79 P. m. 25 High Street, Huntington, New York April 9 1963
April 10 1963 Mary Rosse M Lee, Dep. 121. GIVEN NAMERADDED O

# CERTIFICATION BY THE REGISTRAR OF VITAL STATISTICS OF THE TOWN OF HUNTINGTON

This is to certify that this document is a true certified copy of a birth record as contained in the Official Records of Registrar of Vital Statistics in the Town of Huntington, County of Suffolk, N. Y. DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF REGISTRAR IS AFFIXED THEREON.

Dated\_ OCT 0 5 2015

Registrar Jo-Ann Raia

#### Safety Features Used In This Form

- Watermark on back is visible when document is held up to a light source.
- 2. Press number on document.
- "VOID" appears on photocopies made on either a black and white or color photocopier.

i, the heir to the decedent's estate here attached described, do hereby accept as grantee and return delivery on special deposit to redeem said estate for all debts, life main tenance and support, and do rely faithfully on trustee to update my status accordingly. This imake oath and affirm that iam the sole exclusive heir beneficiary to said estate and do provide my seal as a mark of my intent to be forever redeemed so help me God.

. Macdonall, and within Heir/branter

VITALS

085585

#### Additional True name(s) causing this document to be delivered for filing are:

#### **Additional Tradename holders:**

- 1) Macdonald, andrew william
- 2) Ray-Shoemaker, sandra lynne
- 3) RR894051456US-03-Trust

#### **Post Location for additional True names:**

In Care Of: Main Street-310, # 446, Canon City, nation Colorado (Republic), zip code exempt in Republic, from without the United States within The United States of America at large 1791 within the Kingdom of Heaven

NOTICE – this document also amends:
"The true name & mailing address", Macdonald, andrew william,
given on online form